

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

63-044869

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No.

267

Primary Registration District No.

5901

Registrar's No.

228

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

FILED NOV 21 1963

1. PLACE OF DEATH

a. COUNTY

Pemiscot

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE Missouri b. COUNTY New Madrid

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR TOWN Concord Township

Length of stay in 1b
In Transit

c. CITY OR TOWN Portageville

Inside Limits
Yes ☒ No ☐

c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR INSTITUTION R. 1 Hayti

Inside Limits
Yes ☐ No ☒

d. STREET ADDRESS 110 W. 6th, St.

Reside on Farm
Yes ☐ No ☒

3. NAME OF DECEASED
(Type or print)

First Joe

Middle

Last Williams

4. DATE OF DEATH

Month November Day 10, Year 1963

5. SEX Male

6. COLOR OR RACE White

7. Married ☒ Never Married ☐
Widowed ☐ Divorced ☐

8. DATE OF BIRTH 1-27-1896

9. AGE (last birthday) 67

IF UNDER 1 YEAR IF UNDER 24 HR
Months Days Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Laborer

10b. KIND OF BUSINESS OR INDUSTRY

Farming

11. BIRTHPLACE (City and state or country)

Hickman, Ky.

12. CITIZEN OF WHAT COUNTRY

U.S.A.

13a. FATHER'S NAME

Unknown

13b. MOTHER'S MAIDEN NAME

Unknown

14. NAME OF HUSBAND OR WIFE

Buton Williams

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give year or dates of service)

Yes

WW 1

16. SOCIAL SECURITY NO.

17. INFORMANT

Jesse Williams

1540 Oriole Ave.
San Leandro, Calif.

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Fractured Skull

INTERVAL BETWEEN ONSET AND DEATH
Instant

DUE TO (b)

Automobile Accident

DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

Internal Thoracic and Abdominal Injuries

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒

20a. ACCIDENT ☒ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)
Three Car Automobile Accident

20c. TIME OF INJURY Hour XXXX p.m. Month, Day, Year about 1 11-10-63

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
State Highway No. # 67

20f. CITY, TOWN, OR LOCATION R. 1 Hayti

COUNTY Pemiscot

STATE Mo.

21. I attended the deceased from about 1 P.M. to about 1 P.M. and last saw her alive on about 1 P.M. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

Coroner

22b. ADDRESS

Wardell, Mo.

22c. DATE SIGNED

11-12-63

23a. BURIAL, CREMATION, REMOVAL (Specify)

Burial

23b. DATE

11-13-63

23c. NAME OF CEMETERY OR CREMATORY

City Cemetery

23d. LOCATION (City, town, or county)

Hickman, Ky.

(State)

24. FUNERAL DIRECTOR

ADDRESS

Memphis Funeral Home, Memphis, Tenn.
Richards

25. DATE RECD. BY LOCAL REG.

11-15-63

26. REGISTRAR'S SIGNATURE

Charlotte E. Sloan

USE BLACK INK
OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DATE AMENDED

INSTEAD OF

SHOULD READ

1-21-64

Memphis Funeral Home

24 Richards Fun. Home

DOCUMENT

BY AFFIDAVIT OF Funeral Home

NOV 27 1963

DEC 1 9 1963

NOV 26 1963

NOV 22 1963

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by James Noel Dean, Student Embalmer No. 706
working under my personal supervision.

Student James Noel Dean
Signature of Student Embalmer

Signed Noel C. Dean

Licensed Embalmer No. 3941

P. O. Address Cantonville mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.